

8 123

MARGIN FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHILIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF BIRTH		State File No. <u>492</u>		Local Registrar's No. <u>133</u>	
County <u>Yuma</u>	State <u>Arizona</u>	District or Township <u>Yuma</u> or Village <u>Yuma</u>			
City <u>Yuma</u>	No. <u>10th St. 2nd Av. S.</u>	St. <u>Yuma</u> Ward <u>Yuma</u>			
2. FULL NAME <u>Juan M. Vasquez</u>					
(a) Residence, No. <u>10th St. 2nd Av. S.</u> Ward <u>Yuma</u>					
(Usual place of abode) (If non-resident, give city or town and State)					
Length of residence in city or town where death occurred <u>1</u> yrs. <u>0</u> mos. <u>0</u> ds. How long in U. S. if of foreign birth? <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR or RACE <u>Mex.</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>single</u>	16. DATE OF DEATH <u>July 6</u> 19 <u>29</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			17. I HEREBY CERTIFY, That I attended deceased from <u>June 10, 1929</u> to <u>July 6, 1929</u>		
6. DATE OF BIRTH (month, day and year)			that I last saw him alive on <u>June 10, 1929</u>		
7. AGE	Years <u>11</u>	Months <u>0</u>	Days <u>0</u>	and that death occurred, on the date stated above, at <u>10:30 pm</u>	
8. OCCUPATION OF DECEASED			The CAUSE OF DEATH* was as follows: <u>Mal nutrition</u>		
(a) Trade, profession, or particular kind of work <u>Child</u>			(duration) <u>6</u> yrs. <u>0</u> mos. <u>0</u> ds.		
(b) General nature of industry, business or establishment in which employed (or employer)			CONTRIBUTORY (Secondary) <u>South Eastern</u>		
(c) Name of employer			(duration) <u>6</u> yrs. <u>0</u> mos. <u>0</u> ds.		
9. BIRTHPLACE (city or town) (State or country) <u>Yuma Arizona</u>			18. Where was disease contracted If not at place of death?		
10. NAME OF FATHER <u>Juan R. Vasquez</u>			Did an operation precede death? <u>no</u> Date of <u>no</u>		
11. BIRTHPLACE OF FATHER <u>Bisbee Arizona</u>			Was there an autopsy? <u>no</u>		
12. MAIDEN NAME OF MOTHER <u>Doctores Moreno</u>			What test confirmed diagnosis? <u>Ja Kitchumish</u> M. D.		
13. BIRTHPLACE OF MOTHER <u>Yuma Arizona</u>			(Signed) <u>7-16-29</u> (Address) <u>Yuma</u>		
14. Informant <u>Juan R. Vasquez</u>			* State the Disease Causing Death, or Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)		
(Address)			19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Yuma Cemetery</u>		
15. Filed <u>July 7, 1929</u> <u>H. Wupperman</u> Registrar.			DATE OF BURIAL <u>July 7, 1929</u>		
20. UNDERTAKER <u>O. E. Johnson</u>			ADDRESS <u>Yuma Ariz.</u>		